

Name: \_\_\_\_\_ Order #: \_\_\_\_\_

**TRAINING EVALUATION**

The signing of this form certifies that the training was successfully completed. If training was not successfully completed, this form should be returned with a memo from the employee explaining the circumstances, with an endorsement by the supervisor which includes a statement of the action to be taken to protect the interest of the government in the cost of training.

**AREAS OF EVALUATION**

Please react to each of the evaluation areas below with a numerical rating based upon the following scale:

1  
LOW

2

3

4

5  
HIGH

Rating

Degree to which the objectives of the training were met.	
Effectiveness of the coverage of subject matter	
Degree of difficulty of the training.	
Quality of the training materials. (clarity, organization, etc.)	
Quality of the instruction	
Effectiveness of the overall administration (Materials received timely, scheduling, instructors punctual, etc.	
Appropriateness of the length of training	
Adequacy of the training facilities	
Applicability of the subject matter to job	
Degree to which the training has improved (or will improve) current job performance	
Degree to which the training will meet career development goals or objectives	
Level of recommendation for others to attend this training	
Additional Comments:	

\_\_\_\_\_  
(Employee signature)\_\_\_\_\_  
(Date)**SUPERVISOR'S EVALUATION OF THE TRAINING**

This training did \_\_\_\_ did not \_\_\_\_ provide the employee with the skills and/or knowledge which I had determined that the employee needed to carry out official duties. (If the training did not successfully meet your objectives, what further action do you plan to take to meet the objectives?)

\_\_\_\_\_  
(Supervisor's Signature)\_\_\_\_\_  
(Date)